

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To provide Part D prior authorization criteria for Chorionic Gonadotropins

STATEMENT OF THE POLICY

Health Alliance will approve Chorionic Gonadotropins for Part D when the below criteria is met:

PROCEDURES

- 1. Prior authorization is required for appropriate Part D use**
- 2. Approval for 1yr at a time**

Exclusion Criteria:

- 1. Diagnosis or use in ovulation induction**